

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
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36	4					
37	4					
38	5					
39	4					
40	4					
41	4					
42	4					
43	4					
44	4					
45	4					
46	4					
47	4					
48	4					
49	4					
50	4					
TOTAL IND.	5					
TOTAL DEP.	55					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						